

# **EXHIBIT 5**

**UCC FINANCING STATEMENT**

Michigan Department of State - Uniform Commercial Code

## FOLLOW INSTRUCTIONS

**Filing Number: 20171019000864-9**

Filing Date and Time: 10/19/2017 03:53 PM

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*(This document was filed electronically)*

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>CRESTMARK EQUIPMENT FINANCE, INC.</b>
B. E-MAIL CONTACT AT FILER (optional) <b>BROGERS@CRESTMARK.COM</b>
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) <b>CRESTMARK EQUIPMENT FINANCE, INC. 40950 WOODWARD AVENUE SUITE 201 Bloomfield Hills, MI 48304 USA</b>

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>SIMON AUTOMOTIVE, LLC</b>				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>180 S TELEGRAPH RD.</b>		CITY <b>Waterford</b>	STATE <b>MI</b>	POSTAL CODE <b>48328</b>
			COUNTRY <b>USA</b>	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
			COUNTRY	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>CRESTMARK EQUIPMENT FINANCE, INC.</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>40950 WOODWARD AVENUE SUITE 201</b>		CITY <b>Bloomfield Hills</b>	STATE <b>MI</b>	POSTAL CODE <b>48304</b>
			COUNTRY <b>USA</b>	

4. COLLATERAL: This financing statement covers the following collateral:

All of the equipment and all modifications, additions, replacements and substitutions and proceeds thereto, in whole or in part, as described on Equipment Finance Agreement #170763-VF000 dated September 7, 2017 between Debtor and Crestmark Equipment Finance, Inc., dba Allstate Capital, as lender, as it may be amended from time to time, together with all Finance Payments and other amounts payable thereunder, including all proceeds and insurance proceeds.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

**Simon Automotive, LLC**

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Kathleen Handyside 248-593-7232</b>
B. E-MAIL CONTACT AT FILER (optional) <b>khandyside@crestmark.com</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>Crestmark Equipment Finance, Inc. 40950 Woodward Ave. Suite 201 Bloomfield Hills, MI 48304-5127</b>



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>SimonXpress Pizza LLC</b>				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>1826 Northwood Dr.</b>		CITY <b>Troy</b>	STATE <b>MI</b>	POSTAL CODE <b>48084-5522</b>
			COUNTRY <b>USA</b>	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
			COUNTRY	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>Crestmark Equipment Finance, Inc</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>40950 Woodward Ave. Suite 201</b>		CITY <b>Bloomfield Hills</b>	STATE <b>MI</b>	POSTAL CODE <b>48304</b>
			COUNTRY <b>USA</b>	

4. COLLATERAL: This financing statement covers the following collateral:

**All of the equipment and all modifications, additions, replacements and substitutions and proceeds thereto, in whole or in part, as described on Equipment Finance Agreement #180129-VF000 dated January 25, 2018 between Debtor and Crestmark Equipment Finance, Inc., dba Allstate Capital, as lender, as it may be amended from time to time, together with all Finance Payments and other amounts payable thereunder, including all proceeds and insurance proceeds.**

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

**SimonXpress Pizza LLC #180129-VF000**